Chapter 9: Reactions to Return to the Decks

Melissa Scruton, Professional Disc Jockey

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Case Description

Melissa Scruton (this name is a pseudonym and used for descriptive purposes only) is 37 years old and she refers to herself as a professional disc jockey (DJ). She is white, heterosexual, middle-class, single, and lives in Manchester (England) by herself in an unfurnished studio apartment. When it comes to Melissa, music is life and life is music. She embodies music; it runs through her veins. When she is not performing in London, Paris or New York, she is listening, thinking, and debating about music with other DJs. Music understands her and she understands music. It is a marriage. A marriage that has evolved over time. It all began when her dad gave her a 78 record on her 13th birthday. She played it repeatedly on his gramophone. She loved cranking up the gramophone, placing the record on the turntable, and, amongst the crackles, hearing the songs transcend the horn to engulf her living room. She would sit on her dad's lap using his arms as a blanket, grinning from ear-to-ear. These are fond memories; memories Melissa cherishes dearly.

Melissa's dad passed away when she was 19-years old. Unable to talk to anyone about her loss, she found comfort in music. Music knew how to help; how to relax her, how to energize her, and how to let her just be. It also went on to set the stage for her career. Melissa made the decision on her 20th birthday that she was going to be a DJ. The gramophone was soon replaced with a set of decks. Although there were many setbacks and obstacles to overcome on her journey to becoming a DJ, she quickly moved up the ranks and soon found herself performing at some of the most iconic venues around the world. Melissa was amazed how this new world was opening in front of her very eyes. She loved every minute and wanted more. A newspaper article labelled her an *International Success*. She had 'made it'. She knew celebrities. She had money. Life was good. After all, music is life and life is music.

Aside from music, Melissa had little time for anything else. She was single-minded and determined to live up the hype surrounding her, continually striving for prestigious awards and accolades. If other aspects of her life are storied at all, they were of secondary importance and whether they would help or hinder her career. The costs of

this way of life were that she rarely saw or spoke to her mum and regularly missed key family events (e.g., weddings, funerals, christenings). She recalls being in love once, but he demanded too much of her time. Unlike 'normal' people, a typical day for Melissa involved sleeping during the day and performing throughout the night. Once home, she would draw the curtains and collapse on her bed. She would be physically exhausted. The thing is, what made Melissa's performances different from other DJs was that they not only involved mixing on the decks, but dancing with the music to engage the audience. Her sets would last between 2-to-8 hours. Some sets she described were like running two marathons.

Melissa prided herself on her fitness and described her body as a 'machine.' A relentless and powerful machine. Although her body goes against society's feminine ideas, she loved her body, especially her defined muscles. Yet, what Melissa did not realize was that her body was 'running out of steam'; it was about to let her down. Indeed, one night after a gig, Melissa felt a tightening in her hamstring. She thought nothing of it. It was nothing some painkillers and vodka could not address. However, the pain came back with added vengeance in a subsequent gig to the extent that it made it impossible for her to walk or even stand. Melissa was forced to cancel her next gig. She was devastated. She felt dreadful. She let everyone down. She let herself down.

For the first time in five years, Melissa called her mum. Her mum came immediately and drove her to see the general practitioner (GP). Nothing was said in the car. At the clinic, the GP was extremely insensitive to Melissa's needs; saying that her injury was her fault and that she needed to rest, for at least 8 weeks. Melissa burst into tears and was inconsolable. The GP looked at Melissa's mum and said that they needed to leave because his next patient was waiting; they never saw that GP again. Through word-of-mouth, Melissa met a sports physiotherapist who had worked with high performing individuals, many of whom operated within a similar culture and shared a similar mind-set to Melissa. The physiotherapist diagnosed Melissa's injury as a Grade II hamstring strain due to overuse and fatigue. Melissa's mum drove her to and from each physiotherapy appointment.

Melissa worked with her physiotherapist throughout her rehabilitation, which went from strength-to-strength. Her pain and inflammation reduced, while her range of motion and extensibility greatly improved. However, as the prospect of Melissa returning to her desks became closer, issues surfaced that could not be resolved solely within the physiotherapist-client relationship. Melissa, eager to return, had started to overdo her rehabilitation, which negatively impacted her physical recovery. One day, during a physical therapy (PT) session, Melissa explained: "I am not sure why, but I feel less ready to go back to work than I did three weeks ago. I do all these exercises that I am supposed to do, and way more, but I feel unprepared, fatigued and scared. What if I book a gig and cannot sustain my energy and dancing for the duration? That's my professional reputation on the line. What if I get re-injured? And then, if I cannot return to the decks, what would I do? If I am not a DJ, who am I? It was after this conversation that Melissa, with a little encouragement from her PT, decided it was time to meet with the sport psychologist (SP) her PT had recommended.

The Injury

A Grade II hamstring strain is a common leg injury involving a tear in one or more of the hamstring muscles (Kaeding & Borchers, 2014). Melissa had strained her semimembranosus and semitendinosus. Common symptoms include sudden and severe pain (e.g., snapping or popping feeling), hamstring tenderness and bruising (Brukner, 2015). An ultrasound scan and MRI are able to identify the location and extend of the hamstring tear. Recovery times for a Grade II strain is typically between 4-8 weeks (Brukner, 2015). Treatment aims to reduce hamstring pain and inflammation, normalise muscle range of motion and extensibility, and strengthen knee muscles and hamstrings. Hamstring re-injury rates are also high due a poor rehabilitation process (Kaeding & Borchers, 2014).

Key Factor 1: Re-Injury Anxiety

The most commonly reported psychological factor that individuals experience when they return to performance following an injury is re-injury anxiety (Johnston & Carroll, 1998; Kvist, Ek, Sporrstedt, & Good, 2005; Podlog & Eklund, 2007; Walker, Thatcher, Lavallee, & Golby, 2004). It is defined as a negatively toned emotional response, with cognitive (e.g., negative thoughts and images) and somatic symptoms (e.g., feeling nauseous and tense) that arise due to the possibility of an injury reoccurring after an initial injury of the same type and location (Walker et al., 2004). Re-injury anxiety has been observed to manifest itself in several ways: during one's return, including holding back and not giving 100% effort, avoiding situations that could cause re-injury, trying too hard and over-compensating in other aspects of performance, and questioning physical and psychological readiness to return. All of the above can negatively impact performance and increase the risk of (re)injury (e.g., Andersen, 2001; Evans, Hardy, & Fleming, 2000; Johnston & Carroll, 2000). The demands and cognitions that precede re-injury anxiety typically include a lack of confidence in the injured body part, pain and soreness at the site of injury, performing the same skill in the

same situation that the injury was incurred, concerns for potential setbacks, the physical demands of training and competition, and reminders of the injury incident (e.g., Bianco, Malo, & Orlick, 1999; Gould, Udry, Bridges, & Beck, 1997; Podlog & Eklund, 2006). In Melissa's case, her re-injury anxiety largely stemmed from her concerns with her identity. Similar to athletes who have an exclusive athletic identity (i.e., the degree to which an individual identifies with the athlete role; Brewer, Van Raalte, & Linder, 1993), Melissa's identity appeared to be wholly tied up with being a successful DJ. As evidenced in the case, her main concerns circled around worries about getting re-injured and the consequences of not being able to continue being a DJ. For as long as she can remember, Melissa has regulated other areas of her life to be a successful DJ.

Re-injury anxiety can be measured using the Re-Injury Anxiety Inventory (RIAI; Walker, Thatcher, & Lavallee, 2010). The RIAI is a 28-item measure designed to measure re-injury anxiety. The measure consists of two factors: rehabilitation re-injury anxiety and re-entry into competition re-injury anxiety. Items are scored on a 4-point Likert scale (0 = not at all; 3 = very much so). Initial research has shown the instrument to valid (i.e., face, content, and factorial), with good internal reliability with an alpha coefficient of .98 for RIA-R and .96 for RIA-RE (Walker et al., 2010).

Key Factor 2: Over-Adherence

Adherence to injury rehabilitation has been examined extensively in the sports medicine and psychology of sport injury literature (for reviews, see Brewer, 1998; Levy, Polman, Clough, & McNaughton, 2006). Granquist, Gill, and Appaneal (2010) defined adherence as behaviors an individual demonstrates by pursuing courses of action that coincides with the recommendations of a physiotherapist or athletic trainer. Thus far, research has largely illustrated positive adherence-outcome associations for indices of adherence such as attendance at physiotherapy sessions (e.g., Derscheid & Feiring, 1987; Treacy, Barron,

Brunet, & Barrack, 1997), clinical ratings of adherence (e.g., Brewer et al., 2004; Brewer et al., 2000), and self-ratings of adherence (e.g., Alzate Saez de Heredia, Ramirez, & Lazaro, 2004; Pizzari, Taylor, McBurney, & Feller, 2005). Recently, Podlog et al. (2013) suggested that more research attention is needed on over-adherence (i.e., doing too much too quickly), which resonates with Melissa's actions that stem from her relationship with her body. Melissa has punished her body for years, subjecting it to demanding and at times abusive practices and performances. She describes her body is a relentless and powerful 'machine', aligning with research by Douglas and Carless (2015) that shows how the media and certain cultural narratives reinforce the 'body-as-machine' metaphor. Rather than demonstrating self-compassion for her body and listening to and understanding the messages it sends her, Melissa is using this metaphor to depersonalize and detach herself from her body. This has enabled her to tolerate pain, push herself harder by doing more rehabilitation than required, subsequently hampering her recovery and readiness to return to the decks.

Over-adherence can be measured using the Rehabilitation Over-adherence Questionnaire (ROAQ; Podlog et al., 2013). The ROAQ is a 10-item measure, comprising of two subscales assessing over-adherence behaviors and beliefs: ignore practitioner recommendations and attempt an expedited rehabilitation measured on a 5-point Likert scale (1 = strongly disagree; 5 = strongly agree). Initial research has shown the instrument to have face, content, and factorial validity as well as good internal reliability with an alpha coefficient of .86 and .75 for the two subscales, respectively (Podlog et al., 2013).

Key Factor 3: Performance Narrative

Another key factor to consider in Melissa's care is the broader cultural narrative she draws upon to construct how her life is storied. Recent research operating at the intersection between sociology and psychology have helped to provide a more detailed understanding of the influence of social-cultural phenomenon on injured athletes' psychological experiences

and actions. This is perhaps best illustrated in the work of Smith and Sparkes (2002, 2004, 2005), who have explored the stories of athletes who suffered a spinal cord injury through sport. Their research illustrates how, "A person's own story and their experience is shaped, facilitate, and contained by narratives that circulate within the culture that he or she is immersed" (Smith & Sparkes, 2009, p. 5). One approach that has been effective in connecting the social and personal is narrative inquiry (McGannon & Smith, 2015). In the context of competitive sport, Douglas and Carless (2009) identified a dominant narrative: *performance narrative*; a story of single-minded dedication to sport performance that justifies, and even demands, the exclusion or relegation of all other areas of life and self. Performance narratives provide illustrations of how and why, for some athletes at least, 'sport is life and life is sport', which clearly resonates with Melissa's story (i.e., 'music is life and life is music').

Within the performance narrative, success is pre-eminent and linked closely to the story-teller's identity and self-worth (Douglas & Carless, 2009). For example, performance stories can often reveal the fragile nature of self-worth when it is dependent on sport performance and how it can be affected during performance fluctuations or other disruptive factors (e.g., injury). Within this performance narrative, Douglas and Carless (2015) outlined several of its characteristics, two of which resonated with Melissa's experiences and actions: fragile and contingent sense of self (i.e., identity) and the work of performance enhancement (e.g., detached body-self relationship). To address the above, researchers are now recommending that practitioners critically consider helping clients to consider alternative narratives to counter existing destructive master narratives such as the performance narrative (e.g., Cavallerio, Wadey, & Wagstaff, 2017; Papathomas & Lavallee, 2014).

Theoretical Considerations

Melissa's case is best explained by the *multilevel model of sport injury* (MMSI; Wadey, Day, Cavallerio, & Martinelli, 2018). The MMSI contextualizes the wider social-

organizational-cultural influences that influence sport injury process. Specifically, the MMSI recognizes and accounts for five distinct, yet relational units of analysis that are proposed to impact and be impacted by sport injury. The first level, *Intrapersonal*, reflects the characteristics of the individual (e.g., values, beliefs, attitudes) and their thoughts, feelings, and behaviors pre- and post-injury. The second level of analysis, *Interpersonal*, focuses on formal and informal social networks and support systems (e.g., social support, other social processes). The third level, *Institutional*, is concerned with the institutions and organizations (e.g., strategy, functioning, climate), the physical environment (e.g., material provisions), and the psychosocial architecture (e.g., key stakeholder relationships). The fourth level, *Cultural*, reflects the media, cultural narratives, and collective norms and values. The fifth and final level, *Policy* represents the relevant local and national policies and practices.

One of the benefits of the MMSI is that it can accommodate additional models and theories within and across its levels. Considering Melissa's case largely operates at the intrapersonal (i.e., re-injury anxiety, over-adherence) and cultural levels (i.e., performance narrative), these can be further explained through the integrated model of psychological response to sport injury and rehabilitation process (Wiese-Bjornstal, Smith, Shaffer, & Morrey, 1998) and narrative theory (Frank, 1995). At an intrapersonal level, Wiese-Bjornstal et al.'s (1998) integrated model proposes that emotional and behavioral responses to injury affect recovery outcomes, which are moderated by both personal and situational factors and mediated by the process of cognitive appraisal. Indeed, Melissa's emotional (e.g., re-injury anxiety) and behavioral (e.g., over-adherence) responses to are affecting her recovery and readiness to return to the decks. The interaction of Melissa's thoughts, feelings, and behaviors are further understood by drawing from narrative theory. Sparkes and Partington (2003) suggested that narrative theory can help provide a more sophisticated appreciation of people as active social beings. Although individuals tell personal stories, these stories are drawn

from more general narratives that are embedded within social-cultural contexts. Frank (1995) uses the term ‘narrative types’ to describe what he considered to be the most general storyline that can be recognized underlying the plot and tensions of particular stories. According to Frank, culturally available narrative types structure, locate, and underpin personal stories acting as a guide for the way life should be lived and providing a framework within which accounts of personal experience are created. This helps to explain why the performance narrative that Melissa is operating within is influencing her experiences and actions at an intrapersonal level.

Interprofessional Plan of Care

The plan of care for Melissa’s case was multidisciplinary, and more reactive than proactive. Rather than having an established team in place from the outset to support Melissa throughout her return to the decks, additional members of her rehabilitation team were referred in or out as and when required. Initially, the rehabilitation ‘team’ consisted of only the PT, which was a successful working alliance throughout rehabilitation. As Melissa’s return to the decks approached, additional issues emerged that went above and beyond the PTs professional boundaries and competence (i.e., emergence of re-injury anxiety, over-adherence). It was at this stage, SP was included into the rehabilitation team with a goal of working with the PT and Melissa to support her successful return to the decks. The PT and SP held several collective meetings, mainly focused on strategies how to help regulate Melissa’s over-adherence. It was agreed that issues related to re-injury anxiety were best discussed in a series of one-to-one sessions with the SP. It was during these sessions that the focus shifted from using psychological skills to a more rigorous examination of self. While the SPs efforts enhanced Melissa’s readiness and ultimate return to the decks, the examination of self also brought with it more questions and several negative affective states

(e.g., feelings of depression, sadness, and regret). This led to the inclusion of clinical psychologist in Melissa's care team to ensure her successful return to the decks and beyond.

Perspective 1: The Physiotherapist's Perspective

From the injury onset and throughout the rehabilitation, the PT and Melissa had developed a strong working alliance (Keegan, 2015). Yet, upon Melissa's return to performance, trust within their relationship emerged as a concern. Melissa was saying one thing (i.e., I'm doing the rehabilitation program as advised) yet doing another (i.e., doing too much rehabilitation at home). The PT could not understand Melissa's lower than expected progress and continued pain. First, the PT questioned herself and the advice she had offered Melissa. Then, the PT reflected on previous experiences with other clients sharing Melissa's background and mindset and concluded that Melissa is likely to be over-adhering. The PT brought this up during their next consultation and challenged Melissa to disclose all activities she had been doing. Upon further questioning and probing, Melissa confessed that against her PTs instructions, she been doing additional runs and going to aerobic classes with the aim to maintain her level of fitness. Yet, despite emphasizing to Melissa how her over-adherence has the potential to do more harm than good, Melissa continued to ignore the PTs advice. Melissa's mindset was 'no pain, no gain.' It was at this stage, when the PT suggested Melissa should also see a SP, and upon Melissa's consent, the PT and the SP worked together to address Melissa's over-adherence. Together with Melissa, the PT and SP agreed upon two strategies to address Melissa's over-adherence: simulation training and setting process goals.

Simulation training has proven an effective technique during the return to participation phase of recovery (e.g., Cox, 2002; Evans et al., 2000; Podlog & Eklund, 2007). As Melissa was adamant that she wanted to continue to train to increase her fitness and physical readiness to return to the decks, other types of physical practice were discussed between Melissa, PT, and SP. It was decided that Melissa would continue her training, if she

did it in a swimming pool (i.e., performing actions that replicated her performing on stage). She could also continue aerobics, but again, only water aerobics. This was a compromise that the PT and Melissa made to allow Melissa to keep training while in rehabilitation, yet simultaneously ensuring that Melissa did not further harm her hamstring, which would have ultimately prolonged her return to the decks.

The second strategy implemented to address Melissa's over-adherence was goal setting. Goal setting has been found to decrease recovery time and that short term goals appear to be more effective than long-term goals in expediting recovery (Ievleva & Orlick, 1991). Studies have also illustrated that injured athletes have a preference for the use of goal-setting over other psychological skills (Brewer, Jeffers, Petitpas, & Van Raalte, 1994) and physiotherapists consider goal setting to be an integral part of rehabilitation (Arvinen-Barrow, Penny, Hemmings, & Corr, 2010). The PT was familiar with goal setting literature and knew how to set long- and short-term SMART goals to facilitate goal setting effectiveness (Arvinen-Barrow & Hemmings, 2013; Podlog, Dimmock, & Miller, 2011). However, issues arose when the PT found out that Melissa would religiously stick to her exercise goals, even if she were in pain. This was discussed between the PT and the SP, which led to further discussions about the importance of goal flexibility to account for the unpredictability nature of recovery (Evans & Hardy, 2002). The PT and SP spoke about importance of setting process goals (i.e., focusing on form and technique over outcome), that are self-referent in nature and under the control of the athlete (Kingston & Hardy, 1997).

The PT had not come across process goals before. The SP explained how focusing more on the processes involved in the movement rather than specific sets or repetitions, Melissa would be more attuned to the messages her body is sending her rather than meeting specific outcomes. As a result, the PTs knowledge of rehabilitation exercises and the SPs knowledge of goal setting was integrated and shared with Melissa. She found the new process

goals to be effective, as she felt she was more attuned with the messages her body was sending her, less focused on completing certain number of repetitions, and more likely to stop when she experienced pain. Ultimately, this greatly enhanced Melissa's adherence to her rehabilitation, increased her confidence in her hamstring subsequently decreasing her re-injury anxiety, and ultimately led to her psychological readiness to return (Podlog, Banham, Wadey, & Hannon, 2015).

Perspective 2: The Sport Psychologist's Perspective

Considering Melissa's psychosocial concerns and associated research, the SP initially worked with Melissa to teach her psychological skills aimed to regulate her re-injury anxiety and adherence levels. Although research has shown that imagery, relaxation, and goal-setting are effective psychological skills in reducing re-injury anxieties and regulating levels of adherence (e.g., Cupal & Brewer, 2001; Evans & Hardy, 2002; Evans et al., 2000; Podlog et al., 2011), these psychological skills proved ineffective in meeting Melissa's needs. She reported having low imagery ability and little interest in learning how to use imagery: "I think with words, not pictures." The SP also encouraged Melissa to try progressive muscular relaxation technique (Jacobson, 1938) and mediation with the aim to lower her anxiety and promote blood flow to the injured limb, thus promoting healing and reducing the likelihood of re-injury (Heil, 1993). However, Melissa reported that she could not stop ruminating about the possibility of getting re-injured and found the relaxation techniques more frustrating than relaxing. While goal setting helped to regulate Melissa's adherence (see above, the physiotherapist's perspective), it had no effect on her re-injury anxiety. The SP also tried cognitive restructuring to normalize her anxiety-related symptoms, modelling with individuals who had successfully overcame their re-injury anxiety, and informational support from her PT aimed to reinforce Melissa that she was meeting physical levels of proficiency, none of which alleviated Melissa's re-injury anxiety.

At this stage, the SP was at a loss of what to do next. The SP engaged himself in conversations with his SP peers, reflected on their previous consultations with Melissa and other clients, and immersed themselves in wider reading, after which the SP decided to adopt a more Socratic approach with Melissa. That is, rather than being technique driven and concerned solely with specific skills (i.e., Sophist approach), the SP encouraged Melissa to engage in rigorous personal examination and seek to gain an improved knowledge of self (Corlett, 1996). The term 'knowledge of self' is not used here in the same way that 'self-awareness' is used in sport psychology literature (Ravizza, 1993). The term 'self-awareness' refers to a highly developed and immediate attentional focus on one's physical and mental states, whereas 'knowledge of self', is a more broader and general sense of self that reflects one's values, and in Melissa's case, her relationship with music and the meaning of her re-injury anxiety. Corlett (1996) argued that "during their busy and narrow sport careers, athletes have had ample experience developing mental skills, including the attentional focus that self-awareness demands, but they have not always had parallel experiences developing knowledge of self" (p. 87). The SP determined that the same could apply to Melissa. Rather than seeking to regulate or gain 'control' over Melissa's re-injury anxiety, the SP decided to confront and understand what was causing her re-injury anxiety by understanding what it meant to her.

At the next consultation, the SP approached Melissa with cause-illuminating questions. What does your re-injury anxiety mean to you? What is your relationship with music? What do you value? Who are you? The consultations that followed were challenging (for both parties), painful, and filled with awkward silences; but they ultimately pushed Melissa to stop and think about what she values and who she is. To assist Melissa on her journey towards greater self-discovery, the SP drew from Acceptance and Commitment Therapy (ACT) and its associated techniques (e.g., Harris, 2008; Hayes & Smith, 2011;

LeJeune, 2007). One technique that proved helpful was the imaginary 'mind-reading machine' exercise aimed to uncover Melissa's values (Harris, 2008). First, the SP told Melissa that he had invented a fictitious mind-reading machine that can read the mind of anybody of the planet. Then the SP asked Melissa to think of someone very important to her; she chose her Dad, who had passed away when she was younger. The SP then asked Melissa to imagine her Dad's face, he pulled an 'imaginary lever', and said to Melissa: "you can now read your Dad's mind, and it just so happens that he is thinking of you. He's thinking about your character, about the sort of person you are, the personal strengths and qualities you have, and what you stand for in life. He is also thinking about what you meant to him, and the role you played in his life. While Melissa is thinking, the SP asked: "What would you love to hear your Dad saying about you?" At this point, Melissa broke down in uncontrollable tears.

The aim of the exercise was not to predict what Melissa's Dad would have said but rather to uncover what Melissa would love him to be thinking about her during this exercise. Melissa identified a significant gap between her values and her actions. Melissa said how much she valued love for others, particularly her mom, whom she had barely seen or spoke to in over half a decade, apart from her mom driving Melissa to the PT sessions during the initial stages of the rehabilitation. Over the next 10 sessions, Melissa and the SP worked together to identify strategies how to reduce this gap between her values and actions. One effective strategy was a gratitude task (Seligman, Steen, Park, & Peterson, 2005). Emerging from the positive psychology literature, this task involves writing and delivering a letter of gratitude in person to someone who has been especially kind to them but had never properly been thanked. Melissa chose to write and deliver a letter to her mom, who had helped Melissa during the PT appointments, yet Melissa had never thanked her. Before the next consultation, Melissa had called her mom, they met for a coffee, where Melissa read the letter to her mom verbatim and then reported back to her SP:

SP: How was coffee with your Mum?

Melissa: Aw, it was lovely. It wasn't awkward at all. I know we haven't seen each other in ages, but it was so nice to see her again.

SP: I'm so pleased to hear this. And the letter …

Melissa: Yes, I did it. I took it out and told her that I'd like to read her something I had written about her. It was a little strange at first, but felt more natural as it went on. I could see tears welling up in my Mums eyes as I was reading it, but I made sure I finished it. Afterwards, we just hugged each other and we both burst into tears. It was a real ice-breaker. We talked for hours then. About old times. About Dad. About what we're both doing now. It was, just, I don't know, it was so nice.

SP: So, what now …

Melissa: Oh, we've planned to meet every Wednesday morning for breakfast from now on. She's also coming to one of my gigs! She'll hate it, but it'll be great for her to see me perform. She's never seen me perform. I'm also going to watch her. She recently joined the church choir, so I'm going to that. I'm really looking forward to it, and to getting to know my Mum more. I've realized from doing this task that I'm not just a DJ, I have other roles and responsibilities in life too. I want to be a good daughter to my Mum.

From the SP adopting a Socratic approach, Melissa started to make progress in her psychological recovery. She had started to develop a greater knowledge of self, something the psychological skills used at the start of the consultation would have perhaps not have allowed. She started to develop a more multidimensional sense of self; not only was she a DJ, she was also a daughter. She realized there is more to life than her career, subsequently reducing her Melissa's re-injury anxiety, and enhancing her psychological readiness to return to the decks, thus supporting research findings from Podlog et al. (2015). Melissa also

believed that upon her return to the decks, she had returned beyond her preinjury level of psychological functioning (cf. Roy-Davis, Wadey, & Evans, 2017). Specifically, she explained that she had returned with a greater understanding of what she values in life, and how those values were now more aligned with her actions. Melissa also felt that her relationship with her mom was going from strength-to-strength. The above resonates with a growing body of research that illustrates that injury can be transformed from a potentially debilitating experience into an opportunity for growth and development (Roy-Davis et al., 2017; Salim & Wadey, 2018).

On the downside, Melissa's journey towards self-discovery also led to her asking herself challenging questions, resulting in her experiencing unpleasant emotional states (e.g., feelings of depression, sadness, regret). Perhaps due to his professional inexperience at the time, the SP felt it was best to refer Melissa to a clinical psychologist. Whether this referral was necessary, is up for debate. Indeed, Corlett (1996) reported:

> Referral is certainly the correct response in some situations, but not all athletic experiences of sadness, anger or doubt are rooted in psychotherapy. Many are simply difficult counselling challenges whose demands transcend mental skills training but do not, and should not, fall within the realm of clinical psychology" (p. 90).

Perspective 3: The Clinical Psychologist's Perspective

Melissa was referred to the clinical psychologist during her process of returning to the decks, after she reported experiencing increased feelings of depression, sadness, and regret to her SP. The emergence of these affective states eventually led to discussions about the loss of her father, and how she had not grieved this loss. However, prior to these discussions and more relevant to Melissa's return to the decks, the clinical psychologist used counselling and narrative therapy (Denborough, 2014). Specifically, the therapist collaborated with Melissa to construct a counter-narrative that eschewd the dominant performance narrative. This involved

four main themes: (a) reconceptualizing what 'success' meant to her; (b) making her self-worth less fragile and contingent; (c) encouraging her to consider what life might be like following retirement from being a DJ; and (d) helping Melissa to alleviate the guilt and self-blame experienced as a result of reflecting back on how she had prioritized her career above all else. This approach proved to be beneficial for Melissa, as it allowed her to explore alternative narrative types to her dominant performance narrative. Through her work with the clinical psychologist, Melissa was able to find a different way of storying her life by being able to create a discovery narrative, which is the antithesis of the performance narrative (Douglas & Carless, 2015). A discovery narrative is a story of exploration and discovery, in which the storyteller recounts achieving success without prioritizing their performance ahead of all other areas of life. In discovery stories, the teller presents a diverse and multifaceted self, describing a life full of people, places and experiences, using sport as a vehicle to facilitate these experiences. Signs of an exclusive identity are absent. Self-worth is not dependent on performance achievement; rather it is related to negotiating, sustaining, and valuing multiple roles and activities (Douglas & Carless, 2015).

The plot of the discovery narrative resolves around exploration of the full and multidimensional possibilities of life (Douglas & Carless, 2015). There is no single destination; rather, a multiplicity of potential journals that become available through the storyteller's opening to new experiences. Through diverse experiences over time the storyteller tells or personal growth, development and change that he or she perceives as continuing indefinitely into the future. Should winning be referred to at all, it is most likely on the basis of opening up or facilitating new opportunities and experiences. For example, one elite golfer described how she enjoyed travelled abroad to tournaments, "You're going to see new people, discover new towns, new foods, the hotel, you know, a different bed. Everything is very exciting" (Douglas & Carless, 2015, p. 94). The above example could very

much relate to Melissa in that she has performed at some of the most the most iconic venues around the world in London, Paris, and New York. Despite travelling to these locations, Melissa had never experienced these cities other than commuting between her hotel room and where she was performing. However, due to her narrative therapy, this appeared to have changed upon her successful return to the decks. Melissa spoke of this during a meeting she had arranged to reconnect with PT and SP when asked about how she was feeling:

> I'm doing so well, thank-you. Really starting to enjoy life again. Ever since that injury my life has changed so dramatically. I'm spending more time with my family. Still meeting my Mum every Wednesday morning, which I love. I also really enjoy travelling now too. Rather than spending all my time in hotel rooms, when I travel abroad now, I always buy a Lonely Planet guide to make sure I explore the surrounding area. I just love exploring. I've also taken up more hobbies. I'm learning to play the guitar and have started painting. It's been brilliant to meet new people, and to develop a set of friends that aren't DJs. I don't know, I guess, I've opened myself up to life more. I'm happier, much happier.

Ethical Considerations and Need(s) for Referral

Melissa's case had two main ethical considerations. First, the practitioners working together needed to respect client confidentiality. Although many meetings were held together (i.e., Melissa, PT, and SP), the PT and SP also held one-to-one meetings with Melissa. Therefore, during the team meetings, the practitioners needed to be mindful of which conversations were appropriate to disclose and what were not. Aligned with professional standards, this ethical issue was addressed through the practitioners engaging in reflective practice, and by gaining consent from Melissa for the PT and SP to disclose details from one-on-one consultations to each other until Melissa would say otherwise. Additional consideration emerged during the referral process to the clinical psychologist. Although not

ideal, due to logistical constraints, the clinical psychologist was not a part of the primary team (PT and SP). As such, any information between the clinical psychologist, PT, and SP would be relayed through Melissa, rather than considered as part of a wider team consultation.

Case Update

Two years after returning to the decks, Melissa has now retired from being a DJ. She still lives in her apartment back in Manchester (which is now furnished) and she does the occasional local gig now and then. She is a lot closer to her mom and has also reconnected with some of her school friends. She feels lucky that she does not need to work, as her life as a DJ paid well; however, she dreams of owning a music shop that sells gramophones and vinyl players. She keeps fit by doing several classes in her local gym, but she does not push her body of the limits anymore. Melissa is more compassionate to her body, listening the message it sends her. All in all, Melissa looks forward to and is excited about what the future holds for her.

Conclusion

This chapter examined Melissa's return to performance following a Grade II hamstring strain. At the return-to-decks phase, two main concerns were raised: re-injury anxiety and over-adherence. Underpinning the above were 'deeper' concerns surrounding Melissa's sense of self, identity and her body-self relationship. These, as demonstrated, were linked to the broader cultural influence acting on Melissa (i.e., performance narrative). Melissa's needs were met by her primary rehabilitation team (i.e., PT, SP), by adopting a sophist (i.e., skill driven) and Socratic (i.e., rigorous personal examination) approach respectively. Upon referral, the clinical psychologist used narrative therapy to construct a counter narrative that eschewed the dominant performance narrative. Taken together, this co-constructed intervention led to a reduction in Melissa's re-injury anxiety and regulation of

over-adherence, which led to her physical and psychological readiness to return to the decks and beyond.

KEY POINTS

- Melissa, a disc jockey, suffered a Grade II hamstring strain.
- Prior to returning to the desks, consultations with the practitioners identified two main concerns: re-injury anxiety and over-adherence. These concerns were the result of how Melissa's injury threatened her identify and from her having a destructive relationship with her body.
- Melissa's case can best be explained by drawing on the multilevel model of sport injury (Wadey et al., 2018), narrative theory (Frank, 1995), and the integrated model (Wiese-Bjornstal et al., 1998).
- A multidisciplinary approach was used to address Melissa's negative concerns and actions. Specifically, the physiotherapist used simulation training and process goals, the sport psychologist took a Socratic perspective to challenge the meaning of the re-injury anxiety, and the clinical psychologist used counselling and narrative therapy to challenge the dominant cultural narrative Melissa operated within.
- The interventions co-structured with Melissa led to a reduction in her re-injury anxiety, an increase in physical and psychological readiness to return to the decks, a more compassionate body-self relationship, and the experience of growth and personal development.

CRITICAL THINKING QUESTIONS

1. How did Melissa's thoughts impact her feelings (e.g., re-injury anxiety) and actions (e.g., over-adherence)?
2. Acknowledging cultural narratives, to what extent did the performance narrative do things *on*, *in*, and *for* Melissa during her return to the decks?
3. Moving beyond traditional psychological skills training, what other approaches and strategies might have been effective in addressing Melissa's re-injury anxiety and over-adherence?

RESEARCH QUESTIONS

1. Does over-adherence mediate the relationship between re-injury anxiety and recovery outcomes? (e.g., return vs. non-return, physical and/or psychological readiness)?
2. Moving beyond an intrapersonal perspective, what interpersonal, institutional, and cultural factors are influencing return to performance following injury?
3. How can injury be transformed from a potentially debilitating experience into an opportunity for personal growth and development?

KEY PUBLICATIONS

1. **Corlett, J. (1996). Sophistry, Socrates, and sport psychology. *The Sport Psychologist, 10*, 84-94.**

   This paper contrasts between two philosophical approaches in professional practice (i.e., sophist and Socratic). Sophists are technique driven and concerned with specific skills that produce successful performance results. Socratics, in contrast, encourage rigorous personal examination and improved knowledge of self. The application of each philosophy is described with examples.

2. **Podlog, L., Dimmock, J., & Miller, J. (2011). A review of return to sport concerns following injury rehabilitation: Practitioner strategies for enhancing recovery outcomes. *Physical Therapy in Sport, 12*, 36-42.**

   Underpinned by self-determination theory, this paper provides a review of return to sport concerns (e.g., re-injury anxiety, inability to perform to pre-injury standards, feelings of isolation), together with practical suggestions that practitioners can use to enhance recovery outcomes.

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